



Official West Virginia Inspection Station Application

(PRINT OR TYPE ALL INFORMATION IN FULL OR APPLICATION WILL BE RETURNED)

Type of Application: ☐ New ☐ Reinstatement ☐ Information Change Only

STATE OF WEST VIRGINIA

COUNTY OF: _____

Return completed form to:
West Virginia State Police
Traffic Records Section
725 Jefferson Road
South Charleston, WV 25309

1. Trade Name: _____
Name in which Certificate of Appointment is to be issued.
2. Mailing Address: _____ County: _____ Zip: _____
3. Physical Address: _____ County: _____ Zip: _____
4. Owner's Name and Home Address: _____
Business Phone Number: _____ Home Phone Number: _____ Other Number: _____
5. Owner's DOB: ____/____/____ Owner's OLN: _____ State of Issue: _____
6. If Corporation, list officers names, DOB's, and OLN's _____
7. Do you have a valid WV Business License: ☐ Yes ☐ No - If Yes, provide FEIN: _____
8. Length of Time in Business: ____ Yrs. ____ Mos.
9. Are employees covered under West Virginia Worker's Compensation? ☐ Yes ☐ No - If Yes, provide Policy Number: _____
10. Is business covered by insurance or bond to protect customers? ☐ Yes ☐ No
If yes, list name of company: _____ Policy number: _____
11. Have you ever been arrested for any crime, convicted of any crime, passed a worthless check to any business or person, been a defendant in a civil lawsuit or filed for bankruptcy in the past seven (7) years? ☐ Yes ☐ No - If yes, you must attach a detailed letter of explanation to this application.
Are you applying for a: Public Inspection Station ☐ Fleet Inspection Station ☐ Motorcycle Only Inspection Station ☐
If Fleet owner - How many vehicles are registered in Company name: _____ Type(s): _____
12. Do you operate a repair shop and have proper tools and certified mechanics competent to:

(a)	Inspect and service all types of brakes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b)	Inspect, adjust and service lighting equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c)	Inspect, adjust and repair steering mechanism?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d)	Inspect, repair or replace horns, mirrors, windshield wipers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e)	Is the door leading to your inspection bay 8 feet x 8 feet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Total number of inspector mechanics employed: _____ Total number of non certified mechanics employed: _____
14. How many vehicles can your facility handle at one time: _____
15. Give exact dimensions of Inspection Bays: (1) _____ feet x _____ feet, (2) _____ feet x _____ feet, (3) _____ feet x _____ feet
16. Do you pledge yourself and your employees to conduct honest, thorough and efficient inspections in accordance with the Code of West Virginia and the official inspection regulations; and to give precedence to inspections over other work performed at your facility? ☐ Yes ☐ No

Being duly sworn makes application for appointment as an official inspection station as provided by §Chapter 17C, Article 16 of the Code of West Virginia and states that the answers herein are true and correct.

Subscribed and sworn by me this _____ day of _____, _____, _____
(Applicant Must Sign In Ink)

(NOTARY SIGNATURE)

(APPLICANT PRINT NAME EXACTLY AS IT APPEARS ABOVE)

ADDRESS-PERSON ADMINISTERING OATH

My Commission Expires: ____/____/____